COMPLAINT

YOUR PERSONAL INFORMATION

Complaint ID:
Name:
Race: BLACK
Address:
CHICAGO, IL 60624

Your contact information

Best time to contact: 09:00 PM

Primary Contact Phone Number :

E-mail Address:

Your injury information

Were you injured in this incident? NO

Please describe the injury:

Did you need medical attention? NO

Hospital/Medical Center:

Please describe the medical treatment:

INFORMATION ABOUT THE INCIDENT

THE SOW ALLOWED THE DOG TO SLOBBER ALL OVER MY

EQUIPMENT, AND EXPOSE ME TO THE FILTH OF THE SUPPOSED BOMB SNIFFING DOG. HER FELLOW PIGS HASKLE & KNIGHT ARE A

Sex: MALE

Age: 63

Description of the incident : CONSTANT SOURCE OF HARRASEMENT AS ONE DAY THEY

KICKED ME OFF OF A SPOT ONLY TO ALLOW A KNOWN DURG

ADDICT PERFORMER TO TAKE MY PLACE

Location of the incident

Street Number: Direction: Street Name: Apt No.:

Building Name: C.T.A. PLATFORM Floor: Unit:

Location Description: JACKSON BLUE LINE

Incident Date and Time

Date: 11/04/2011

Time: 05:00 PM

Evidence

Video Evidence: YES

Audio Evidence: NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name:

First Name:

Star No..:

Rank:

Assigned Unit: K9

On Duty: YES

Sex:

Race:

FEMALE WOULD NOT ALLOWS ME TO REGISTER A COMPLAINT, Officer Description

AND WOULD NOT EXPOSE BADGE NUMBER

Police Vehicle Beat Number:

Vehicle Number:

License Plate:

Vehicle Description:

Police officer #2

Last Name: HASKEL

First Name:

Star No..:

Rank:

Assigned Unit: CTA

On Duty: YES

Sex: MALE

Race: BLACK

WOULD NOT ALLOW ME TO FILE A COMPLAINT AND QUICKLY LEFT

THE PLATFORM BEFORE I COULD GET A BADGE NUMBER

Police Vehicle Beat Number:

Vehicle Number:

License Plate:

Vehicle Description:

Police officer #3

Last Name: KNIGHT

First Name:

Star No..:

Rank:

Assigned Unit: CTA

On Duty: YES

Sex: MALE

Race: BLACK

WOULD NOT ALLOW ME TO FILE A COMPLAINT, AND QUICKLY Officer Description: LEFT THE PLATFORM BEFORE I COULD GET A BADGE NUMBER

Police Vehicle Beat Number:

Vehicle Number:

License Plate:

Vehicle Description:

INFORMATION ABOUT VICTIMS AND WITNESSES

Victim #1 personal information

Last Name Race : BLACK First Name Age: 63

Sex: MALE Contact:

Victim #1 injury information

Was the victim injured in this incident?: YES

ALLOWED THE DOG TO SLOBBER ALL OVER MY EQUIPMENT, I DO

NOT OWN A DOG FOR THE EXPRESS REASON THAT I DO NOT WISH TO BE EXPOSED TO THE FILTH OF PET OWNERSHIP!

Did the victim need medical attention? NO

Please describe the injury

Hospital/Medical Center:

Please describe the medical treatment: